

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

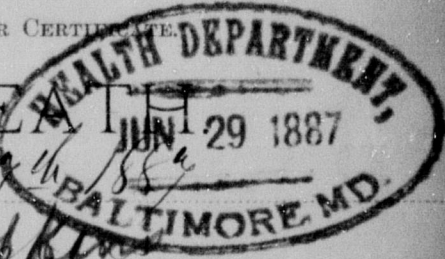
Health Department, City of Baltimore.

Permit No. A 731 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry H. Hopkins

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 48 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Bookkeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } va

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 607 N. Calhoun

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 29/87

Undertaker, Waring & Mitchell

Place of Business, 1201 N. Fayette Address, 1213 Melaw Place

Thos. S. Lattimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 732*

Office of Registrar of Vital Statistics.

Ward *13²*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, *June 28. 1887*

Full Name of Deceased, *Vernon Stranburg*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *10* Years, *10* Months, *10* Days.

Color, *W*

Married, Single, Widow or Widower, *Single*
{ Cross out the words not required in this line. }

Occupation, *Act*

Birth Place, *Balt*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *—*

Place of Death, *849 W. Fayette St*
{ Give Street and Number. }

Cause of Death, *Cholera Infantum*
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Fells Point cem*

Date of Burial, *June 29*

Undertaker, *Evans & Spence*

Chas. W. Neff M. D.
Medical Attendant.

Place of Business, *1000 8 Baltimore St* Address, *763 W. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 733 Office of Registrar of Vital Statistics.

Ward 8 ["]/₇

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, June 28/87

Full Name of Deceased, Margaret. Hagerty
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 18 Years, 10 Months, 10 Days.
White

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Life time
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 715 Buren St

Place of Death, 715 Buren St
{ Give Street and Number. }

Cause of Death, Marasmus.
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29

Undertaker, James P Byrne

Place of Business, 302 N Gay St

Edward J. McDowell M. D.

Medical Attendant.

Address, 208 Acy adth st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 734 Office of Registrar of Vital Statistics.

Ward 4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 24

Full Name of Deceased, Edw. Henright
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Painter

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, St. W. Hall's Ave.
{ Give Street and Number. }

Cause of Death, Asphyxia from drowning
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3-5 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, June 25 1887

{ Undertaker, Gas. P. Byrne

{ Place of Business, 30 E N Gay

Alexander Hill, M. D.
Medical Attendant.
Coroner, Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. **A-735** Office of Registrar of Vital Statistics. Ward **17th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 28th 1889**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Mr. J. Rowland**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **23** Years, **9** Months, **1** Days,

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Single**

Occupation, **Cannemaker**

Birthplace, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give street and Number. } **1418 Johnson St**

Cause of Death, { First (Primary), Second (Immediate). } **Pneumonia**
Exhaustion

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, **Ever Cemetery**

Date of Burial, **July 1st**

Undertaker **B. H. Hall**

Place of Business, **115 West H**

Geo. H. Rowland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

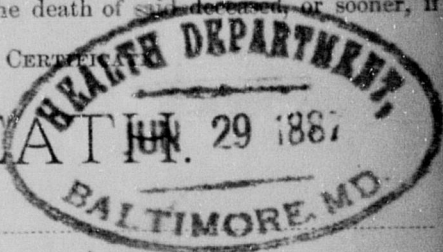
Permit No. 736 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Sweeday

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Bruce Street # 1546

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, June 29 1887

Undertaker, J. McChase

L. G. Sparrow M. D.
Medical Attendant.

Place of Business, 641 Howard Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

737

Office of Registrar of Vital Statistics.

Ward

20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH. JUN 29 1887

Date of Death,

June 29

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Helen Kimmel

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1412 Arden Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum
Exhaustion

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Frederick Co Md

Date of Burial,

June 30, 1887

{ Undertaker,

Martin Lakey

John S. Luck

M. D.

Medical Attendant.

{ Place of Business,

606 Lower St

Address, Arden + Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(4742)

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 738

Office of Registrar of Vital Statistics.

Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Watfield

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, 5 Months, — Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bath md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 750 Chestnut - Alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
As Measles

Duration of Last Sickness, 7 da.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1887

Undertaker Alex. Kersh

Place of Business, 156 Orchard St Address, 17th W. & Conner St.

M. D. H. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

739

Office of Registrar of Vital Statistics.

Ward

9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Waeohner

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

36

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

Central Ave 137. 8.

Cause of Death,

{ First (Primary),

Second (Immediate),

Cynanche Membranacea

Duration of Last Sickness,

about 14 Days.

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer

Date of Burial,

June 30th 1887

{ Undertaker,

Fred Goede

{ Place of Business,

1008 Caroline

Address,

John A Schults, M. D.
Medical Attendant.
2 E. Len Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 740 Office of Registrar of Vital Statistics. Ward 4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Weller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 13 Months, 13 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 4 S. Central Ave.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1887

Undertaker, Fred Smith D. M. Cathell M. D. Medical Attendant.

Place of Business, 108 S. Caroline St. Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]